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THE UNIVERSITY OF ALBERTA

FEATURES OF MALE VICTIMS OF SEXUAL ABUSE

BY

G. F. PICKERING

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

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THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled Features of Male Victims of Sexual Abuse submitted by Gregory Franklin Pickering in partial fulfillment of the requirements for the degree of Master of Education.

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Date: January 27, 1987

ABSTRACT

The purpose of this study was to contribute to the knowledge base concerning the epidemiologic features of male victims of sexual abuse. The following hypotheses were also tested: 1) males tend to be abused at younger ages than female victims; and variations in the assault situation can be found with respect to the victim's age and the victim-assailant relationship.

Approximately forty epidemiologic features were selected for study. Thirty files of male sexual abuse victims were examined. The collected data were recorded on a coding sheet. Frequency counts and percentages were tabulated for the majority of the features. Seven chi-square tests of independence were carried out on the variable of age of onset of sexual abuse and the following variables: occurrence of coercion, threat, force; number of different sexual acts; place of abuse; amount of anal intercourse; and relationship of victim to offender.

The findings suggest a low average age of onset of sexual abuse for the male victims in this sample. None of the chi-square tests of independence showed a significant relationship. However, the data that were gathered suggest interesting issues for debate and study. Implications of the above findings for theory and treatment were discussed.

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Chapter 1

INTRODUCTION

The sexual abuse of males has been underreported and overlooked by our society (Cotton, 1980; Nasjleti, 1980). Prior to the 1980's the pronoun "she" was used almost exclusively when referring to sexual abuse victims. It is conceivable that the same 200% rise in reporting from the beginning of the century to the present for female sexual abuse will occur for males. Present estimates of the prevalence of sexual abuse of males is 8.7% of all males in the U.S. (Finkelhor, 1984) and 1 out of 3 males prior to the age of 21 in Canada (Badgley et al., 1984). Only a fraction of these male victims come to the attention of the authorities which makes study difficult. The area is new and those working in it are faced with conceptual, attitudinal, definitional, and theoretical problems. Yet, there is a growing awareness of our ignorance in the area and the need for research and more knowledge (Nasjleti, 1980; Nielsen, 1983). The first chapter is a discussion of: 1) background, 2) problem, and 3) theoretical framework.

Background: Reasons for Lack of Research

There are many reasons for the lack of interest and research in the area of the sexual abuse of males (Rogers

and Tremaine, 1984; Nasjleti, 1980; Nielsen, 1983; Cotton, 1980). The reasons for this lack of interest form a complex impediment to investigation and are discussed below. The first reason for lack of research is that there has been no major social or political movement championing the cause of sexually abused males as has been the case with sexually abused females (Nielsen, 1983). The women's movement was instrumental in consciousness raising on the topic of female rape which subsequently lead to exposure of child sexual assault (Finkelhor,1979). The explosion of writing, research and interest on child sexual abuse from 1980 to the present time focusses on females. Books on child sexual abuse either ignore male sexual abuse or deal with it briefly. In addition, the so called "classical model" of incest which arose in the literature focusses on females (Nielsen, 1983).

The second reason is erroneous reporting by those working in the field. For example, Geiser (1979) erroneously states that there are only two reported cases of father-son incest prior to 1976. Kaslow, Haupt, Arce, and Werblowsky (1981) tally twelve such cases prior to 1976. However, their comprehensive list of "homosexual incest" cases prior to 1981 misses several important citations in the literature (for example, Butler, 1978; Geiser, 1979). In addition, Kaslow et al. (1981) do not discuss the larger survey types of studies such as Landis

(1956) and DeFrancis (1971) which contain many cases of homosexual incest.

Errors in reporting may be due to the interdisciplinary nature of research. Johnson and Shrier (1985) note four major areas of literature which deal with the sexual abuse of males including: the criminal justice system; psychiatric and mental health system; hospital and emergency rooms, and; retrospective studies. Individuals doing literature searches on this topic often only examine the literature of the discipline in which they work or about which they are most familiar. Cases from other disciplines are missed as is the subsequent broader understanding of the area.

Within the above four broad categories are further divisions. For example, some see intrafamilial sexual abuse as something separate and distinct from child molestation. Others disregard the commonalities of all sexual abuse and discuss "homosexual incest". In doing so they examine both father/son and mother/daughter incest which have separate and distinct features. There is a body of literature on pedophilia and another on male rape. In short, for such a new area the number of divisions is remarkable. It reflects the complexity of the topic and serves to make conceptualization difficult.

Another reason for the lack of research is social and professional bias. Cotton (1980) talks about mass or collective denial. The resistance felt by the women's rape crisis movement and publicizing of female sexual assault is well known by those working in the field (Cotton, 1980). Sgroi (1975) mentions reactions of people to sexual abuse. She cautions that those, "who try to assist sexually abused children must be prepared to battle against incredulity, hostility, innuendo, and outright harassment" (p. xv). In the case of incest, Cantwell (1981) points out that the taboo of talking about incest is stronger than the incest taboo itself. He states, "Incest thrives on secrecy and silence. Indeed, the real taboo is more of a conspiracy -- a conspiracy of silence" (p. 80).

Professionals working in the helping professions are no less guilty of resistance, incredulity, hostility and secrecy. Many psychoanalysts still believe that reports by clients of sexual abuse, especially incest, are either fantasy or wish fulfillment in the service of developmental needs (Swift, 1978; Finkelhor, 1979). Cotton (1980) and Sgroi (1975) mention the unwillingness of physicians to suspect, investigate, and diagnose sexual abuse, even in cases where childhood venereal disease and/or genital trauma are evident. An unpublished study which examined emergency clinic charts in a Boston hospital, mentioned by Rosenfeld (1976), concludes that a large number of sexually

abused children are not identified as such. Many psychiatrists and psychologists not working in the area are at best misinformed and at worst openly hostile and injurious to the welfare of the victim. Justice and Justice (1979) when describing their colleagues say that they, "observed that most people reacted to the subject either with unfunny wisecracks or deadly silence ... If the subject were pursued in their presence, they became increasingly tense and finally hostile" (pp 48-49). Most of the above applies equally to the sexual abuse of males and females. Mass resistance to the belief that males are victims of sexual abuse may be stronger (Rogers & Tremaine, 1984).

Partial explanation for this can be found in commonly held myths which distort the occurrence and impact of male sexual abuse. Perhaps, the largest myth to overcome is that males cannot be victims (Swift, 1978). Males are socialized to be independent and capable of self protection from physical and sexual attack. Many people have difficulty accepting that males can be unwilling partners in sexual activity. Another powerful myth is that most offenders of males are homosexual dirty old men in trench coats who hang around playgrounds. However, most offenders of males are known to the victim, often a significant other, and most often they are not considered to be homosexual (Groth, 1978).

A final problem is the small number of identified male victims of sexual abuse. Males and their families often are even more secretive than female victims due to the so called double taboo -- one taboo against incest or sexual abuse and one taboo against homosexuality (Cotton, 1984). As previously mentioned, offenders of males are erroneously assumed to be primarily homosexual. The fear that the victims will become homosexual as a result of the abuse is common and it is often easier not to disclose or talk about the abuse both for the victim and his family.

In conclusion, what results from the above mentioned attitudinal problems is a vicious cycle which is very hard to break: there are few professionals interested or working in the area because there are seemingly few male victims; there are few male victims coming forward because there are few counselling services and knowledgeable professionals. All of this occurs within a hostile or at least indifferent social milieu for the plight of male sexual abuse victims.

The Problem

Statement of the Problem

Some of the reasons for the lack of research in the area are discussed above. The result is that the study of the sexual abuse of males is concerned with basic issues. Consequently, the present study is essentially a descriptive study. Cotton (1980) acknowledges a pattern in

child sexual abuse research: sociological inquiry preceeds clinically focused studies. Rooted in a medical perspective, De Jong et al. (1982) state that "Little is known about the epidemiology of sexually abused males" (p. 990). Friedman (1974) states that at first glance descriptive epidemiological studies may seem trivial. He goes on to list three reasons why such studies are of fundamental importance: to assist professionals in making diagnoses; to assist in the planning of health care facilities; and to provide clues to cause as well as questions for further study. In addition, Cotton (1980) says about sociological inquiry that there,

> is a tendency for interest in and perhaps justification for studies on sexual victimization to be based on sociological studies which define the problem in terms of frequency and patterns of occurrence. Even with the limitations of such studies, they provide the impetus and the rationale for identifying social problems that call for clinical study. (p.108)

The present study is primarily intended to add to the the small body of knowledge we have about the epidemiologic factors involved in the sexual abuse of boys. Secondarily, it investigates hypotheses suggested and researched by De Jong et al. (1980) who obtained significant findings. The hypotheses are: 1) male victims tend to be abused at younger ages than female victims and; 2) variation in the abuse situation can be found with respect to the victim's age and the victim-offender relationship.

Sub-Questions

For clarity and manageability the above mentioned hypothesis can be divided into the following sub-questions:

1) Are young male victims more likely to be related to their offender as compared to older victims?

2) Are young male victims less likely to be subject to coercion, threats, and force as compared to older male victims?

3) Are young male victims less likely to be subject to a smaller number of different sexual acts as compared to older victims?

4) Are young male victims less likely to be subject to anal intercourse as compared to older victims?

5) Are young male victims more likely to be abused in their homes as compared to older male victims?

Answers to the above questions and other data gathered will contribute to a growing data base on the epidemiologic factors of male sexual abuse. The answers begin to fulfill the major areas of interest in descriptive epidemiology: person, place and time (Friedman, 1974; Long, 1984; Cooper & Morgan, 1973).

Limitations

Thirty case files from one Edmonton based sexual abuse treatment agency were reviewed for the presence or absence of these variables. One weakness of the study is the small sample size. This shortcoming particularly affects the chi-square tests of independence that are used to examine the above sub-questions. In addition, the agency which supplied the male victims in the sample has, for approximately the past year, seen mostly intrafamilial victims. This means the sample is biased. Further, this type of inquiry is open to many errors in reporting: by the counsellor keeping the file and by the researcher in doing the coding. Another weakness is the lack of continuity between files. Approximately 6 different therapists' files were examined. Each therapist had his or her subjective way of couselling and recording casenotes. The files are also of uneven quality with the older files tending to be less complete.

Delimitations

The present study was carried out under the assumption that the sexual abuse of males is a major social problem. It attempts to examine some characteristics of the male victim of sexual abuse and key features surrounding the abuse. It looks only at male victims abused by other males but does not assume that that there are no female offenders

of males. It is believed that female perpetrators are much more common than is known at present but that males continue to be the majority of offenders (Finkelhor, 1984). Only approximately 40 variables were selected for study that describe the victim, the offender, aspects of the abuse, and treatment issues.

Theoretical Framework

The main goal of epidemiologic research is to aid in treatment issues (Cooper & Morgan, 1973; Long, 1984). Treatment considerations follow directly from theory. Two main types of theories are used to explain the causation of child sexual abuse; psychological and sociological. The Psychological explanations describe pathological characteristics of the offender and/or the victim. All of the early reports of male sexual abuse (Bender & Blau, 1937; Rhinehart, 1961; Meldicott, 1967; Langsley, Schwartz & Fairbairn, 1968; Raybin, 1969; Berry, 1975; Awad, 1976) are examples of one of these orientations.

Sociological explanations include family-systems theories and feminist oriented theories. Most of the writing and research in the area of child sexual abuse in recent years has occurred in one of these two subcategories. Family-system theorists view child sexual abuse as stemming from a dysfunctional family system. Interactional problems which exist between the members of

the family manifest in an unhealthy manner. Treatment involves seeing the entire family at varying rates of family reconstruction depending on rate of change in the family dynamics.

Feminist theorists view child sexual abuse as an abuse of power (Sgroi, 1982). They believe that sexual abusers "tend to engage in sexual behavior with children in the service of nonsexual needs, especially the need to feel powerful and in control"(pp. 1-2). Out of this orientation a "classical model" has arisen which sees the abuse as progressing from less intimate types of sexual activity (flirtation) to body contact (fondling) to some form of penetration (Sgroi, Blick & Porter, 1982). Under this model, male children are thought to be as much a victim of the abuse of power by men as are female children and women: women and children of both sexes have a long history of being socially, spiritually, and legally inferior to adult males (Geiser, 1979). General goals of therapy are to facilitate healthy individual functioning and to strengthen the victim/non-offending parent relationship to ensure a more equitable distribution of power within the family. Counselling is conducted in stages. Separate individual and/or group therapy is provided for the victim, the perpetrator and the non-perpetrating parent. This is followed by dyadic sessions between each of the pairs and then family sessions (Giaretto, 1976).

Finkelhor (1984) notes a need for new theory in the area of sexual abuse. He believes that the present theories are neither sophisticated enough to make sense of what we know nor can they guide future research. More specifically, he states that the theories we have are not useful for collating information from the many disciplines involved in child sexual abuse; they are not comprehensive. Theories on offenders are based mostly on the study of extrafamilial offenders and theories on victims come mostly from father-daughter incest families. The current theories also neglect sociological factors which are important and need to be included. It is hoped that the present study will contribute to the growing body of information on male sexual abuse victims which in turn will lead to developments in both theory and treatment.

Definitions.

In addition to the conceptual, attitudinal and theoretical problems mentioned above there is also a problem in defining what constitutes sexual abuse (Cotton, 1980). Considerable debate has gone on relative to this issue. Many state that research efforts and a fuller understanding will be hampered until some agreement can be achieved (Cotton, 1980; Shrum & Halgin, 1984). Finkelhor (1984) lists nine variables that have been the subject of some controversy relative to defining sexual abuse. These include age of victim; age of perpetrator; relationship

between victim and perpetrator; sex of victim; sex of perpetrator; sexual act; consent; consequence; and sex of the of the person who is defining.

According to Cotton (1980), the more noted criteria for defining child sexual abuse are: a) behavior, b) age discrepancy, and c) relationship. These three categories incorporate most of Finkelhor's variables. The first criterion is behavior and the definition used in this thesis is: exposure of the child to sexual stimulation inappropriate for the child's age, level of psychosexual development and role in the family. This includes forced witnessing of sexual acts, overt sexual overtures, fondling and anal intercourse. The second criterion is the age discrepancy between the victim and the offender and the definition that is adopted by this thesis is: the child who is 12 years or younger who has a sexual encounter with someone over 18; the child who is 12 or younger who has a sexual encounter with another child or teenager who is 5 years or more older; and the child over 12 who has sexual encounters with adult 10 or more years older. Finally, the third category is relationship between the victim and the offender. This criterion establishes whether the abuse is intra or extrafamilial. In this study, male victims of intrafamilial sexual abuse are defined as follows: sexual [anal] intercourse or acts of deviant behavior including molestation, between persons who are related, including

step-children. Exceptions to this definition are considered cases of extrafamilial sexual abuse.

Summary

This chapter desribes a history of underreporting of male sexual abuse and a present rise in reporting. Reasons for lack of research are discussed. The problem of this study is stated. This project is a descriptive epidemiological study that also examines stated hypotheses and subquestions. Rationale for the usefulness of this type of inquiry are provided. The main delimitations of this study are its focus solely on male victims of sexual abuse and its assumption that sexual abuse of males is a major social problem. The major limitations are the small and biased sample and the inconsistency in the quality of the examined casenotes. The theoretical background is briefly explained and a definition of sexual abuse is cited.

Chapter 2

REVIEW OF RELATED LITERATURE

The literature on some epidemiologic features of male sexual abuse victims is found in four disciplines which is an impediment to a more complete understanding of the area. For example, those working in the clinical area may not read the criminal justice literature and vice versa. Much of the literature is written on the basis of clinical experience and opinion as opposed to empirical research. Methodological problems abound in empirical studies (Finkelhor, 1986).

This review of related literature is divided into five major sections. The first four sections examine the literature relative to a number of features that are identified by Finkelhor (1986) as being important for further study as well as other features discussed in the literature. The fifth section is the summary. The features mentioned by Finkelhor (1986) are: age of onset, age of disclosure, relationship to the offender, and nature and length of the abusive relationship. Other important issues discussed in the literature include: the occurrence of "masked presentation", reasons for non-disclosure, family composition, place of abuse, variables of adjustment and the question of harm. These features are grouped and examined under the sections: characteristics of the male

victim; characteristics of the family; characteristics of the abusive relationship; and treatment considerations. Throughout these four sections the focus is on reports of empirical research as opposed to literature based on clinical experience or opinion. Because of the relative shortage of literature specifically on male sexual abuse victims, some of the literature review includes comparison with studies of female sexual abuse victims.

Much of what we know about the above mentioned features comes from reviews of emergency room charts in U.S. populations. The present study focuses on male sexual abuse victims gathered from a nonmedical setting. It is the first known Canadian study of this nature.

Characteristics of the Male Victim

Average Age of Male Victim.

There is some controversy in the literature regarding the average age of the male sexual abuse victim relative to the average age of the female sexual abuse victim (Finkelhor, 1984). Some report the average age at the time of identification and others report the average age at the start of the abuse. The average age of the victim at the time of identification is what is reported most commonly when the average age of male victims is lower than the average age of female victims.

Studies which find a younger age of male victims are in the slight majority (Kaufman, 1984; Cantwell, 1981; Rogers & Tremaine, 1984). These include the American Humane Association (AHA) study of 6096 cases of substantiated sexual abuse including 803 male victims (cited in Finkelhor, 1984). The median ages were 8.46 for boys and 12.40 for females. A study of the charts of 72 males and 344 females in a Philadelphia area Pediatric Sexual Assault Centre found that the median age was 7 and 10 for males and females respectively (De Jong, Emmett & Hervada, 1982). The mean age was 8.7 for males and 10.5 for females. Females tended to show a bimodal distribution centered at 5 to 6 and 14 to 15 years of age. Males showed a single peak at 6 to 7 years of age. Finally, Pierce and Pierce (1985) in an analysis of 205 cases (25 males, 180 females) of substantiated sexual abuse gathered from hotline reports between 1976-79 found that males were significantly younger ($p < .02$). The average age for males was 8.6 and 10.6 for females.

A number of studies report the opposite; that male victims are older than female victims. These studies report the average age at which the abuse started, not when it was reported. For example, Finkelhor (1984) reports that the average age for males was 11.2 versus 10.2 for females. Finkelhor (1984) also cites 3 studies of incarcerated sex offenders which found the median age of

the boy victims to be older than the median age for the girls, sometimes by as much as three years. Finally, a nationally representative study in Britain of 2019 people (Baker & Duncan, 1985) found that 10% had been sexually abused prior to age sixteen. The average age of the males in this group (8% of the total) was 12.03 versus the average age of the females (12% of the total) which was 10.74

Only one study reports nearly identical ages for male and female victims (Queen's Bench Study, 1976). The median ages reported to the police were 8.7 for boys and 8.5 for girls .

The AHA study which reports the average age of the children at the time the case was investigated and substantiated is criticized by Finkelhor (1984) on two major points: 1) abusive situations involving female victims occur over longer periods of times without being discovered; and 2) older boys are less likely than younger boys to reveal abusive situations and the same is not true for females. These points, Finkelhor believes, lead to a skewing upward of the average female age and a skewing downward of the average male age. Finkelhor concludes that a higher age for unreported male cases is more probable.

Finkelhor's (1984) conclusions are questionable. All of the studies mentioned in Finkelhor (1984) are retrospective studies which have well known limitations.

Faulty memory is perhaps the biggest limitation in any type of retrospective study. It is particularly problematic with cases of sexual abuse. Repression and other defense mechanisms are often very strong. Finally, Finkelhor (1984) looks at no other studies which report a lower average age for males. The similiarity in findings for the studies mentioned above (AHA - 8.46 versus 12.40; De Jong et al - 8.7 versus 10.5; Pierce & Pierce - 8.6 versus 10.6) cannot be ignored.

The data to date suggest that: 1) the figures from the AHA study are too high for female victims; 2) the differences between average age of males and females are not as large as indicated in the AHA and other studies; 3) the average age for male victims is lower relative to the average age of female victims; and 4) the latter may be true not because the age of onset is younger for male victims but because of other reasons. For example, there are not as many older male victims, the older male victims do not report, or there is a greater number of prepubescent male victims. All of these reasons could lower the average age of onset. Future studies will want to further investigate these assertions.

Masked Presentation.

Nasjleti (1980) believes that most males come to the attention of professionals due to problems other than

sexual abuse. A study (Medical Post, 1986) of 500 patients reveals that not one of 27 male victims had sexual abuse as the presenting complaint. Similarily, Johnson & Shrier (1985) found that none of the 40 male victims identified at an adolescent medical clinic presented sexual abuse as their complaint. Most disturbing is the fact that all of the 40 subjects were over age 15 while at the same time the majority of the clinic's patients are under age 15. A North Carolina hospital found that 8 out of 9 boys who came to a special clinic on sexual abuse were classified as "masked presentation" cases (Hunter, Kilstrom & Loda, 1985). It seems clear that many male victims of sexual abuse are not identified as such.

Nielsen (1983) reports that male victims are most often recognized by behavioral indicators or other problems. Evidence in the literature suggests that many male victims are not identified as such because professionals are unsure of what to look for. Pierce & Pierce (1985) found that 28% of the confirmed male victims in their study of a large sample of hotline calls had previously called, primarily for family stress. Problems with identification may also result because male victims react in ways that are different from female victims. In a study of psychiatric patients, Carmen, Reiker and Mills (1984) found that abused males are less likely to appear suicidal or depressed and more likely to be violent and have psychosomatic complaints

upon hospitilization than are female sexual abuse victims or nonabused males.

It is recommended that health care professionals include questions about sexual abuse as part of the medical and/or socio-psychological history taking (Johnson & Shrier, 1985; De Jong et al., 1982). This is important so that more victims are identified and receive the appropriate help. Future studies of male sexual abuse may want to investigate the means by which identification is achieved in order to facilitate better identification techniques. Also, better understanding of how sexual abuse manifests itself in male victims, especially in comparison to female victims, would be useful.

Reasons for not Disclosing Sexual Abuse.

Victims of sexual abuse do not disclose for a number of reasons. These include feelings of guilt: they feel responsible for what will happen to the offender, for the possible break-up of important relationships or because they think the abuse was their fault. They may not disclose because of threats and/or physical violence or because the offender convinces them he is doing nothing wrong. They may feel embarrassed or that nobody will believe them. Male victims share these feelings with female victims (Nielsen, 1983). However, males seem less likely than girls to report and are much more reluctant to

discuss their sexual abuse (Nasjleti, 1980; Summit, 1983). In one study, 34 out of 40 male victims had never told anyone prior to the study (Johnson & Shrier, 1985). "I just want to forget it," is commonly heard as a reason for not disclosing the abuse (Nasjleti, 1980; Johnson & Shrier, 1985).

The literature suggests that male victims have some unique reasons for not disclosing. Pierce & Pierce (1985) note that many sexually abused males have no adult male in the home. They suggest that male victims' desire for closeness may be the reason that they are abused by other males and do not disclose. These authors are suggesting a psychological vulnerability. Attribution of blame studies suggest that males blame rape victims more than do females and that they blame male victims more than female victims (Howells, 1980; Waterman & Foss, 1984). It is likely that male victims hold these same beliefs which may translate into self blame and thereby make disclosure more difficult.

The male sexual abuse victim may not disclose because of several fears. One fear is that people will think he's a sissy because he didn't protect himself as males are socialized and expected to do in our society (de Young, 1982; Nasjleti, 1980; Nielsen, 1983). There is also the fear that people will think he's homosexual (de Young, 1982; Nasjleti, 1980; Nielsen, 1983; Rush, 1980). He may fear the loss of freedom which males are usually granted in

greater amounts in our society compared to females (Rush, 1980; Nielsen, 1983). Finally, he may fear that he will not be believed because many people in our society believe that males cannot be victims (Rogers & Tremaine, 1984; Nasjleti, 1980) .

Summit (1983) says, "while there is some public capacity to believe that girls may be helpless victims of sexual abuse, there is almost universal repudiation of the boy victim" (p 180). There is the chance that he will be blamed -- people believe he could have stopped it -- and he may be accused of enjoying the abuse (Nasjleti, 1983). The latter is especially true if the male admits to having had an orgasm. Many people fail to understand the difference between psychological and physiological reactions (James & Nasjleti, 1983). Groth (1980) reports that convicted sex criminals will often attempt to have the victim achieve orgasm in order to justify that what they are doing is not abusive. An interesting study by Sarrel and Masters (1982) corroborates other research (Laws & Rubin, 1969; Zuckerman, 1972; Bancroft, 1980; and Heiman & Rowland, 1980) that the male sex response can occur in a variety of negative emotional states, including anger and terror.

Nasjleti (1980) calls for more study of the reasons for not disclosing in order to: 1) facilitate more disclosure; 2) spread useful information; and 3) confront the myths about male sexual abuse as well as those aspects of the

male socialization process which appear to be harmful. Future studies need to investigate this area for additional reasons. For example, does the occurrence of disclosure depend on the sex of the therapist or person hearing the disclosure? Nasjleti (1980) reports that this is apparently not the case. Her subjects "greatest fears were justified by persons' reactions" regardless of the sex of the person hearing the disclosure (p. 274). Johnson and Shrier (1985) however, report that the 6 subjects in their sample of 40 who did disclose, all of whom disclosed to male family members, felt supported.

Characteristics of the Family

Family Composition.

Little is known about the families of male victims of both intrafamilial and extrafamilial sexual abuse. This aspect is an important factor to understand, especially for intrafamilial abuse. A commonly held myth is that sexual abuse takes place primarily in inner city, lower socio-economic classes (Finkelhor, 1984). Renvoize (1982) states that incest is found at all levels but that a slightly higher than average number of reported adolescent victims receive public assistance. In their comparison of male and female cases, Pierce and Pierce (1985) report that: 1) 44% of males come from families of 4 or more children compared to 49% of females who come from families

of 3 or more children; 2) 92% of males compared to 85% of females lived with their natural mother -- a significant difference; 3) 24% of males versus 58% of females lived with their natural father -- also a significant difference; 4) figures for victims residing with step fathers were virtually the same -- 32% versus 28% for males and females respectively; and 5) the non-offending parent was classified as emotionally ill in 24% of the males' families and 5% of the females' families and as physically ill in 14% of the males' versus 7% of the females' families.

Relationship to Offender.

Contrary to popular belief, the major danger for male and female victims is not the "pervert" hanging around the playground in a trench coat but someone who is known to the victim. In addition, the relationhip to the offender for male victims is not necessarily the same as female victims. Those working in the field of female sexual abuse generally believe that the offender is most often a member of the nuclear family which makes incest the most prevalent form of sexual abuse for females (Baker & Duncan, 1985). Evidence strongly suggests that males are more often abused by non-family members but not necessarily strangers (Nielsen,1983; Renvoize, 1982; Baker & Duncan, 1985). The above two points are supported by a study that reports that males are less likely (21%) to reside with the offender at

the time of abuse as compared to females (42%) (Rogers and Tremaine, 1982).

Rush (1980) estimates that two-thirds of all offenders of males are family members or family friends. This estimate is supported by more recent studies. For example, only 3 out of 35 offenders in Cantwell's (1981) study were strangers; 25 out of 40 knew their abuser well and 6 out of 40 knew their abuser casually in Johnson and Shrier's study (1985); and Mian, Wehrspann, Klaajner-Diamond, LeBaron and Winder (1986) found that 87% of the male victims knew their offenders. More specifically, acquaintances or extended family members are the offenders in a majority of male victim studies (Baker & Duncan, 1985; Cantwell, 1981; De Jong et al., 1982; Johnson & Shrier, 1985; Rogers & Tremaine, 1984). A minority of studies find a majority of offenders to be nuclear family members (Mian et al, 1986). The latter study appears to be an anomaly. De Jong et al. (1982) conclude that male children are victims of relatives and friends. This is confirmed by Tilelli, Turek and Jaffe (1980). Further, they suggest that the age of the male victim relates to the relationship to the abuser. They claim that those under age 8 are more likely to be assaulted by a know person whereas older victims are more likely to be abused by strangers (De Jong et al., 1982).

Sgroi (1982) says that there are more similiarities between intra and extrafamilial sexual abuse than

differences. The relationship of the victim to the offender is an important future area of research in order to investigate this assertion. In addition, a differential diagnoses relative to females would be useful. Finally, present evidence suggests that instructing children about strangers is not enough. Confirmation of where the most danger lies in terms of relationship to the offender would be helpful for many people.

Characteristics of the Abusive Relationship

Nature of the Sexual Abuse.

Geiser (1979) believes that the dynamics of sexual abuse of females is different than those of sexual abuse of males. A number of comparison studies have examined this issue without reaching conclusions. One dynamic is the degree of violence. In their sample, Rogers and Tremaine (1982) found that there were equal amounts of both physical force and physical trauma but that males were more likely to be threatened with physical harm. Contrary to this is the Pierce and Pierce (1985) study which found that 43% of males were threatened as compared to 35% of females and that 45% of males were subject to force as compared to 30% of females. De Jong et al. (1982) report that physical trauma was found in 24% and use of threats and/or violence in 50% of their male victims. They believe that age is a related factor and conclude that older victims are more

likely to be threatened or subject to violence (sig. < .001). De Young (1982) believes that incestuous sexual abuse is different from extrafamilial sexual abuse in terms of the amount of violence. She says, in reference to families where males are incest victims that, "violence is remarkably absent" and wonders if there is less violence in male victims' families than in female victims' families. Renvoize (1982) agrees with de Young (1982) and states that there is less violence in intrafamilial sexual abuse. Force was used in only 8% of his sample.

The majority of male and female victims are abused by one offender. However, Baker and Duncan (1985) report that males are more likely (30%) to be abused by the same person as compared to females (18%). They also report that females are more likely (16%) to become victims of mutiple offenders during a single assault as compared to males (11%). This latter figure is comparable to the 12% of the De Jong et al. (1982) study. Rogers and Tremaine (1982) contradict the above findings by reporting that 20% of their male sample had mutiple offenders as compared to 13% of the female victims.

Finally, types of sexual acts are discussed in the literature. Preliminary evidence suggests that males are subject to a wider variety of sexual acts (Baker and Duncan, 1985; Pierce & Pierce, 1985). Another dynamic discussed is that more attempts are made to have males

reach orgasm as compared to female victims (Renvoize, 1982; Medical Post, 1986). Amount of intercourse (anal intercourse in the case of males and vaginal intercourse in the case of females) is not clear. For male samples it ranges from 5% (Baker and Duncan, 1985) to 10% (Renvoize, 1982) to 56% (Rogers & Tremaine, 1984) to 78% (De Jong et al., 1982). De Jong et al. (1982) find differences dependent on age. They report that younger victims are more likely to have oral-genital assaualt or fondling without anal assault while older victims are more often subject to anal assault with no other type of contact. Renvoize (1982) reports differences in the type of abuse depending on whether it was extra or intrafamilial. He believes that oral-genital contact and anal intercourse are more common in extrafamilial sexual abuse and forced masturbation and mutiple sexual acts are more common in intrafamilial sexual abuse.

Tentative conclusions may be that: males have more offenders and are more often victims of physical threats and/or violence than are female victims; that this occurs more often in extrafamilial than in intrafamilial sexual abuse; males are subject to a wider variety of sexual acts; and males are subject to attempts to reach orgasm more often than are female victims. These and other findings concerning the amount of intercourse, especially in

relation to the age of the victim and the relationship to the offender, need further investigation.

Number of Abusive Incidents and
Length of Abusive Relationship.

The number of abusive incidents is another dynamic discussed in the literature. Baker and Duncan (1985) report that males have a larger number of abusive experiences and that females are more likely to have a single occurrence. This seems to be contradicted by two studies. De Jong et al. (1982), report that 80% of their male sample had a single assault. Only 13% reported a mutiple occurrence. Johnson and Shrier (1985) cite 3 out of 40 males in their sample were abused more than once. Of these three, two were abused twice and one was abused over a 6 year period. Another point of view is put forth by Rogers and Tremaine (1982) who note that the sexes are equally abused over time. They do not support this assertion with data. Both de Young (1982) and Meiselman (1979) suggest that intrafamilial male sexual abuse, especially incest, develops and occurs over a long period of time similiar to female incest. However, Meiselman (1979) believes that male incestuous abuse is not as long lived as with females because the male victims are more able to stop it. The average length for the 6 male victims of father-son incest in de Young's study was 8 months as compared to an average length of 2.7 years for female

incest victims. The implications are that intrafamilial abuse of males occurs over a longer time than extrafamilial abuse of males and that intrafamilial male abuse occurs for a shorter period of time than intrafamilial abuse of females. No conclusions can be made at this time and further study is required.

Place of Abuse.

Where sexual abuse of males takes place is important information to have in order to challenge various myths and to properly instruct children about realistic dangers. Only one study (De Jong et al., 1982) addresses this matter. They report that 45 assaults took place outdoors; 3 occurred at school; 27 at the child's home; 18 in the offender's home; and 22 in other buildings or locations (eg. car). The location was unknown in 28 of the cases. The most surprising fact reported above is that more than half of the assaults were initiated and nearly half were completed in the same public place. Further, many of the assaults in this study took place during daylight hours. The combination of these features is startling and needs to be either confirmed or disproven by future research.

Treatment Issues

Variables of Adjustment.

Those working in the area of sexual abuse know that what is highly traumatic for one victim may not be as disturbing for another victim. Therapists also recognize that repeated fondling and advances can be more damaging in the long term than sexual intercourse. Baker and Duncan (1985) state that, "what is clear from this study is that the nature of the experience on its own does not determine the outcome and that other factors must be considered" (p. 462). Rogers and Tremaine (1982) present five features which are good indicators of the possible trauma and adjustment possibilities of male sexual abuse victims: age of victim; amount of threat or force; closeness of relationship; whether the abuse was reported and whether the offender was effectively sentenced; and the reaction of significant others. For example, the adjustment may be more difficult if the victim is older and if the sexual abuse is violent and committed by a close relative. Although not mentioned in the literature on male sexual abuse, the response of the non-offending parent to protect the child is also important to consider. Age (Renvoize, 1982; Baker and Duncan, 1985; de Young, 1982), relationship to offender and the number of assaults (de Young, 1982; Baker and Duncan, 1985) are mentioned elsewhere as variables of adjustment.

It is generally assumed that counselling for victims and their families is beneficial. The only figures reported in the literature for male victims are those by Pierce and Pierce (1985) which are compared to the figures for the female victims in the sample. Counselling was recommended for 56% of the male victims and/or their families. Of these, 2 refused and 50 % dropped out. A year after referral, no male or family member was still receiving counselling compared to 11% of the females who were still in counselling. In addition, 36% of the males were deemed to have completed treatment versus 18% of the females. Finally, a majority of the males were seen for four months or less versus 46% of the females. The estimated 16 hours of treatment for males is well below the average of 39 found in a survey of sexual abuse treatment centres (Forseth & Brown, 1981). Reasons for this are suggested by Pierce and Pierce (1985): the families ended treatment because it was thought to be too threatening; the worker felt less competent, and/or; the workers thought the males were less traumatized. As Pierce and Pierce (1985) note, there is need to pursue these speculations in future research.

Question of Harm.

Considerable debate has occurred relative to the question of harm. Finkelhor (1984) traces the history of the debate from the view that children need protection

during development from adult sexuality, which has been reinforced by the women's movement, to a point of view that sexual abuse victims are more traumatized by peoples' reaction than by the abuse. In the case of sexual abuse of males, recent times have seen more than one individual or organization extol the benefits and virtues of pederasty (Sandfort, 1984).

Finkelhor (1984) lists a large number of studies that can be used to "stress the seriousness of child sexual abuse". He uses data from a prior study of his (Finkelhor, 1979) to examine this issue himself. He strongly concludes that, controlling for other variables, childhood sexual victimization reduces sexual self-esteem for both males and females. This is corroborated by Johnson and Shrier (1985) who report that 25% of their study group experienced nonorganic sexual dysfunction versus 5% of the control. This finding was significant ($p < .05$). Finkelhor (1984) also suggests from his data that "there may be a connection between childhood victimization and adult homosexual activity for boys" (p. 195). This is corroborated by Johnson and Shrier (1985) whose sample reported themselves as being homosexual 7 times and bisexual 6 times more often than the control group. This finding was significant ($p < .001$). Finkelhor (1984) emphasizes that this is only true for sexual activity between boys and adult males, not

peers. He also notes other qualifiers and cautions about interpreting this data.

One example of these cautions is that most offenders of males are married and have lengthy heterosexual histories. Another example is that a major study of sexual practices (Bell & Weinberg, 1981) reveals that only 5% of the homosexual respondents report childhood sexual experiences with adults. Clearly, sexual abuse as a child and an adult homosexual orientation do not have a causal relationship but are related in some as yet unknown way.

Finkelhor (1984) concludes that "that some children have long-term reactions to childhood sexual victimization has never really been in dispute. Clinical experience is rich in this regard" (p. 196). He points out the improprietry of the whole debate. He asserts that the debate is too concerned with the effects on adult adjustment -- which he calls adult ethnocentrism -- but in reality it "is a noxious event of childhood, serious for its immediate unpleasantness, if nothing else, not necessarily for its long-term effects" (p. 198).

There are a large number of studies which report long term effects of sexual abuse but only a few deal specifically with males. In general the long term effects appear to be similar to those of female victims (Nielsen, 1983) but are suggested to be significantly less traumatic

(Baker and Duncan, 1985). Reports by male victims appear to vary somewhat in terms of perceived harm. For example, 65% of the sample in one study (Johnson & Shrier, 1985) said that the sexual abuse had a significant impact on their lives. Baker and Duncan (1985) report that 32% said that it was harmful at the time, 4% said there was permanent damage, 57% said there was no effect, and 6% said it imporved their life (3 of these 5 individuals were abused by a female which apparently was perceived to be a positive experience). Interestingly, this latter study also reports that there was a tendency for the victims to have "a more negative view developing over time" (p.462). This suggests that as victims age and reflect on their abuse, they will conclude it to be more traumatizing than initially reported. Clearly, this whole area is one needing conclusive research data to support what is already known: sexual abuse of males during childhood is harmful.

Summary

This chapter reviews the literature on male victims of sexual abuse. The upward trend of incidence of sexual abuse of males is acknowledged. The literature on features of male victims, features of the family, features of the abuse, and treatment issues are examined. It is suggested that the average age of onset is lower for male than for female victims. The problem of "masked presentation" is

revealed. It seems that males do not present themselves as sexual abuse victims and that professionals are unsure of how to identify male victims. Both of these factors reduce identification rates and thus, many male victims are not treated. Lower identification is also due to male victims' reluctance to disclose. In addition to the fears shared with female victims, males also have unique fears (e.g., fear of being labelled homosexual or sissy).

One feature of the family that is examined is family composition. It is suggested that male victims come from large families, are likely to live with their natural mother, and are unlikely to live with their natural father. It is proposed that males are most often abused by non-family members with whom they are familiar.

Contradictory findings are presented in terms of the amount of violence, number of offenders and amount of anal intercourse male victims are forced to experience. Males appear to be subject to a variety of sexual acts. It is suggested that the number and type of sexual acts depends on age or on relationship to the offender. Length of time of abuse for both intrafamilial and extrafamilial male victims is discussed, especially in relation to female victims. No conclusions were reached. Place and time of abuse are also examined.

Variables of adjustment are briefly examined. It is suggested that male victims tend to spend short periods of time in therapy and tend not to finish counselling. Finally, the question of short and long term psychological harm is reviewed.

Chapter 3

METHOD AND MATERIALS

Relatively little empirical research has been done in the area of the sexual abuse of males. As a result, even the most basic descriptive or epidemiological information is open to question. De Jong et al., state, "little is known about the epidemiology of sexually abused males" (1982, p. 990). This study is an attempt to contribute to the growing body of information on male victims of sexual abuse. Research can then move onto other important issues in the area of sexual abuse of males that require more sophisticated research designs and statistical analysis. This chapter consists of three sections: Sample, Techniques, and Summary.

Sample

The sample consists of 30 case files of past and present male victims of sexual abuse obtained from Group 5 Youth Counselling Centre. Group 5 is an Edmonton based agency that treats both male and female child victims of sexual abuse and their families. It has been in existence under this name since the spring of 1984. Prior to this date beginning in January 1981, male victims of sexual abuse were seen by the forerunner of Group 5 -- The Runaway Project. A total of 55 files with male names were found in

the files of both agencies covering the period January, 1981 to November 30, 1986. Twenty-five files were discarded for one of two reasons: due to a shortage of information contained in the file or due to the fact that there was an intake sheet but the individual never attended counselling. The majority of male victims are between the ages of 6 and 16 when seen at Group 5. However, the age range in this sample at start of treatment is from 4.5 years to 26 years. Interestingly, the majority of the victims have been seen since July, 1985 (n = 39). This fact reflects the increasing number of reported male victims as noted in the literature.

Technique

The research questions of this study arose out of issues that were raised in the literature. The data necessary to answer these questions were gathered by reviewing each individual file using a coding sheet that was designed for this study. The coding sheet is found in Appendix 1. The coding sheet was designed in such a way that the codes could be directly entered into the computer to facilitate statistical analysis using the Statistical Package for Social Sciences (SPSSx, 1983).

Frequencies and percentages were tabulated for all of the data with the following exceptions: 1) age of onset,

age of disclosure, age at start of treatment; 2) socio-ecomonic status (SES); 3) reason for referral; 4) issues identified in therapy; and 5) reported/observed affect. Measures of central tendency were calculated for age of onset, age of disclosure, and age of treatment. None of the files listed the SES. The frequency of various responses were tabulated and then ranked for the remaining three features. It is emphasized that the findings and discussion of these features are suggestive and speculative and hopefully useful for future research. A discussion of these data is contained in Chapter 5.

Tests of independence using the chi-square statistic (Jaccard, 1983) were performed on the variable of age (at onset) and the following variables: presence of coercion; presence of force; presence of threats; relationship of victim to the offender; place of abuse; number of different sexual acts; and presence of anal intercourse. Anal intercourse is one of the acts recorded under number of sexual acts. It is also looked at individually in relation to age due to De Jong et al., (1983) who assert that the amount of anal intercourse (specifically) is related to age of the male victim.

The male victims were divided into two age categories; age 8 and under (n = 13) and over age 8 (n = 17). This age division was found in the literature on the sexual abuse of males (De Jong et al., 1983). In addition, the

majority of victims seen at Group 5 are age 16 or younger. Consequently, this division splits the age in half. Presence of coercion, force, threats, and anal intercourse were all scored in a yes = 1, no = 0 manner. As a result, they naturally divided into two groups. For the purpose of statistical analysis, relationship to offender and number of sexual acts were re-categorized. The former was divided into two groups: related and nonrelated. The latter variable had a range of 0 - 9 but was re-categorized into 1 act and more than 1 act. Place of abuse was divided into four categories: family home, offender's home, victim's home, and other.

Summary

This study involved examining case files of an Edmonton based agency that counsels male victims of sexual abuse. The sample size was 30. The male victims ranged in age from 4.5 years to 26 with the majority being between the ages of 6 and 16. A coding sheet was designed to record numerous epidemiologic features. The files were then thoroughly examined and the raw data were coded onto these sheets. Measures of central tendency for age of onset, age of disclosure, and age at start of treatment were calculated. Frequencies and percentages were tabulated for the majority of the features. A total of seven chi-square tests of independence were carried out.

Chapter 4

ANALYSIS OF DATA

This chapter is a report of the data gathered on various epidemiologic or descriptive features associated with male sexual abuse victims. The chapter is divided into four major sections which include reports of: 1) measures of central tendency; 2) frequencies and percentages; 3) tests of independence using the chi-square statistic; and 4) summary.

Measures of Central Tendency

Ages at onset, at disclosure, and at start of counselling were recorded and the ranges and means of the ages were calculated. The range of age at time of onset of sexual abuse was 1.5 years to 16.7 with a mean of 8.37 years. Age at the time of disclosure had a range of 3.5 to 17.7 and a mean of 11.1 years of age. Age at the start of counselling for sexual abuse ranged from 4.5 to 26.0 with a mean of 12.21 years of age.

Frequencies and Percentages

Listed below are the frequencies and/or percentages of the twenty-three epidemiologic features that were selected for this study. These are reported under the subheadings

of: features of the victim; features of the offender; family characteristics; characteristics of the sexual abuse; and treatment issues.

Features of the victim

Who the victim disclosed to. Of the 30 male victims in this sample, 8 (26.7%) first disclosed to their mothers; 3 (10%) to both their parents; 12 (40%) disclosed to a professional; and 2 (6.7%) told others. Five files (16.7%) did not report on this feature.

Parents' reaction. Fourteen of the subjects (46.7%) were deemed to be believed and supported by their parents upon disclosure of sexual abuse. Four victims (13.3%) were not supported; 5 (16.7%) were not believed; and 1 was blamed for the sexual abuse. This feature was not recorded on 6 files (20%).

Reason for not disclosing. Only 12 files recorded this feature and the answers given were varied. The most frequent reasons given were embarrassment (n = 4), fear (n = 2), thought parents wouldn't understand (n = 2), and because of forgetting about it for an extended period of time (n = 2). Other reasons mentioned by single subjects were: because he thought he was dreaming, he thought it wouldn't happen again, he feared being thought homosexual, and because he was threatened with physical harm. Totals

are greater than 12 because some subjects gave more than one reason.

Male victim's relationship to the offender. A total of 7 (23.3%) subjects were abused by their natural father; 8 (26.7%) by their stepfather; 4 (13.3%) by a relative; 5 (16.7%) by a family friend; and 6 (20%) by an acquaintance. Included under the stepfather classification is one boy who was adopted but did not know it and 3 boys who were abused by their mother's common-law boyfriend who had the role of stepfather.

Sexual offences committed by the male victim. A total of 21 cases (70%) had not committed any offences; 8 subjects (26.7%) had committed offences; and on 1 file this feature was not reported. None of the individuals who had committed offences were charged. Some of them, however, received counselling to specifically deal with their proclivity to act out sexually.

Features of the offender

Number of offenders. The vast majority of cases, 25 (83.3%), had only one offender. In 3 cases (10%) there were 2 offenders. There were 3 and 4 offenders in two further cases (3.3%) which brings the total number of offenders to 38 for 30 victims.

Number of offenders charged and sentenced. A total of 9 offenders out of 38 were both charged and sentenced (30%). In no case was the offender charged without being sentenced. In 2 other cases the offender was charged and sentenced for the sexual abuse of other children known to the male victims. In one of these cases the sexual abuse was of female siblings.

Family characteristics

Number of children in the family. This feature refers to the number of children in the family of the male victim. The range is from 1 to 8 children with the 3.27 being the mean number of children. There was one family with 1 child; eleven with 2 children; eight with 3 children; four families with 4; three with 5 children; two families with 6; and one family with 8 children.

Family type. Prior to or during the sexual abuse there was a "natural" family in 12 cases (40%); a "blended" family in 13 cases (43.4%); and a single parent family in 5 cases (16.7%). In many cases the family composition changed after disclosure or during treatment. After disclosure there was a "natural" family in 6 cases (20%); a "blended" family in 9 cases (30%); and a single parent family in 15 cases (50%).

Characteristics of the sexual abuse

Place of abuse. In 9 cases (30%) the abuse took place in the family home; in 11 cases (36.7%) the abuse took place in the offender's home; 2 victims (6.7%) were abused in the victim's home; and 4 (13.3%) were abused in other places such as a shed or in one case at a government institution. This feature was not reported in 4 cases. Family home refers to the residence where both the offender and victim lived, usually in the case of father-son incest.

Time of day of the sexual abuse. This feature was not well recorded in the casenotes. Fifteen files (50%) made no mention of the time of the abuse. Of those who did report on this feature, 3 (10%) reported being abused during the evening (6-11 p.m.); 6 (20%) during the night (11 p.m.- 8 a.m.); and 3 (10%) during the day.

Length of the abusive relationship. This feature was not reported on in thirteen files (43.3%). Of those which did report, 2 boys (6.7%) were reported to be abused only once; 3 (10%) were abused for one to six months; 3 (10%) were abused for six months to one year; and 9 (30%) were abused for longer that one year.

Number of abusive events. Eight files (26.7%) did not report on this feature. Of those which did report, 6 (20%) reported one abusive incident; 2 (6.7%) reported two to five abusive events; 4 (13.3%) six to ten; 4 (13.3%) ten to

fifteen; and 6 (20%) reported over fifteen abusive incidents.

Coercion, threats, and force. Twelve male victims (40%) were subject to coercion; 10 (33.3%) were threatened; and 11 (36.7%) were physically forced to participate in the sexual abuse. These figures do not necessarily indicate separate individuals. Often the same individual was subject to all three of these behaviors.

Type of sexual acts. The acts that the male victims were subject to or forced to engage in included: exhibitionism by the offender; fondling by the offender; fondling of the offender; masturbation by the offender; masturbation of the offender; oralgenital contact by the offender; oralgenital contact of the offender; anal intercourse by the offender; and anal intercourse of the offender. In general, the victims were not forced to perform sexual acts on the offender. For example, only 4 (13.3%) victims engaged in fondling of the offender; 5 (16.7%) engaged in oralgenital contact of the offender; 4 (13.3%) masturbated the offender; and only 1 (3.3%) performed anal intercourse on the offender. Conversely, the offender more often performed sexual acts on the victim. For example, 25 (80%) of offenders fondled their male victims; 9 (26.7%) engaged in oralgenital contact with their victim; 16 (53.3%) masturbated their victim; 13 (43.3%) performed anal intercourse on their victim; and 11

offenders (36.7%) engaged in some form of exhibitionism. The latter includes: exposing the child to nudity or pornography, having the child watch the offender self-stimulate himself or, watch the offender engage in sexual acts with others.

Number of different sexual acts. The majority of victims in this sample were subject to 2 or more sexual acts. Five (16.7%) were subject to one sexual act; 9 (30%) were subject to two; 8 (26.7%) were subject to three; and 4 (13.3%) were subject to four sexual acts. Two victims were subject to five different sexual acts. One person was subject to six and 1 other person to nine sexual acts.

Treatment issues

Number of different professionals involved. This feature refers to the number of different professionals involved with individual victims prior to the start of counselling for sexual abuse at Group 5. Contact ranged from one contact to meetings over many months. Six victims (20%) had contact with one professional prior to counselling for sexual abuse at Group 5; 3 boys (10%) had two professional contacts; 3 (10%) had three prior contacts; and 4 had four prior contacts. Fourteen victims either had no prior professional contact or this feature was not reported in their files.

Number of hours spent in counselling. This feature refers to the number of hours spent in counselling for sexual aubse at Group 5. The range was from 2 to 48 hours with a mean of 12.87, a median of 9.5, and a mode of 2.

Completion of therapy. This feature refers to whether or not therapy was finished at time of file closure. Three clients (10%) were considered finished; 10 (33.3%) were deemed not finished; 5 (16.7%) were referred on; and in 12 cases (40%) therapy is ongoing.

Reasons for referral. This feature refers to reasons for referral other than sexual abuse as mentioned on the intake sheet or in the initial files. Listed below in order of highest to lowest frequency are the reasons for referral and the number of files (total n possible = 30) the feature was mentioned on.

Anger/aggression	12
Behavioral problem	9
Abuse (sexual and/or physical) of siblings	8
Anxiety/distress	6
Depression	3

In addition, delayed development, personality abnormalities, sexual acting out, suicidal ideation, and nightmares were each cited twice. Finally, sexual identity problems, eating problems, drug abuse, legal problems, loneliness, physical abuse, and sibling rivalry were each cited once as reasons for referral other than sexual abuse.

Issues identified/discussed during therapy. These issues are listed below in order of highest to lowest frequency along with the number of files (total n possible = 30) they appeared in.

Anger toward offender	19
Aggressiveness	17
Sexual identity	15
Family dynamics	14
Anger toward non-offending parent	12
Sibling rivalry	12
Sexual acting out	11
Low self esteem	7
Suicidal ideation	5
Relationship problems	4
Drug abuse	3

In addition, the topic of isolation, problems with foster homes, and going to court were each cited twice. Finally, running away, theft, and attempted suicide were each cited once.

Reported/observed affect. These features are listed below in order of highest to lowest frequency along with the number of files (total n possible = 30) they appear on.

Anxiety/fear	18
Anger	16
Embarrassment	14
Vulnerability	14
Sadness	12
Rage	11
Depression	10
Resentment	8
Extreme defensiveness	8
Withdrawn	7
Isolation	7
Powerlessness	7
Guilt	6
Shame	6
Feeling responsible for the sexual abuse	5

Hopelessness	4
Hope	3

In addition, hysterical behavior and feeling overwhelmed were each noted twice. Finally, overdeveloped fantasy life, dissociation, controlling behavior, bragging, and manipulativeness were each noted once.

Tests of Independence

A total of seven tests of independence using the chi-square statistic were carried out. Each of these reasonably meets the assumptions of the test of independence: 1) the sample size, N, must be relativley large; 2) the expected frequency of any group must be nonzero; and 3) the qualitative variables must be between subjects and each frequency must be based on different individuals (Jaccard, 1983). Age (8 and under and over 8) is a variable in all of the following chi-squares. The Yates correction for continuity was included in the running of four of the tests because the expected frequency in at least one cell was less than five (Jaccard, 1983). The first chi-square test of independence was performed on the relationship between age and use of coercion. Table 4.1 is a two-way frequency table for these two variables. The chi-square was not statistically significant (chi-square =.81, df=1, p=.37). The nature of the relationship was

such that there was no more or less likelihood of younger victims to be subject to coercion than of older victims.

TABLE 4.1 AGE BY COERCION

	Age group		
Coercion	8 & Under	/ Over 8	Row Totals
no	9	/ 9	18 60.0
yes	4	/ 8	12 40.0
Column Totals	13 43.3	/ 17 56.7	30 100.0

p = .37

The second chi-square was performed on the relationship between age and use of threats. Table 4.2 is a two way frequency table for these two variables. The relationship was not statistically significant (chi-square=.02, df=1, p=.89 with Yates correction). The nature of the relationship was such that age was not a factor in the use or non-use of threats on male victims of sexual abuse.

The third chi-square test of independence was performed on the relationship between a person's age and use of force. Table 4.3 is a frequency table for these two variables. The chi-square was not statistically significant (chi-square=1.76, df=1, p=.18 after Yates correction). The nature of the relationship was such that

age was not a factor in whether or not force was used on male victims of sexual abuse.

TABLE 4.2 AGE BY THREATS

	Age group		
Threats	8 & Under	/ Over 8	Row Totals
no	8	/ 12	20 66.7
yes	5	/ 5	10 33.3
Column Totals p = .89	13 43.3	/ 17 56.7	30 100.0

TABLE 4.3 AGE BY FORCE

	Age group		
Force	8 & Under	/ Over 8	Row Totals
no	6	/ 13	19 63.3
yes	7	/ 4	11 36.7
Column Totals p = .18	13 43.3	/ 17 56.7	30 100.0

The fourth chi-square test of independence was performed on the relationship between age and relationship of victim to the offender. Table 4.4 is a two-way

frequency table for these two variables. The chi-square was not statistically significant (chi-square=.04. df=1, p=.84 with Yates correction). The nature of the relationship was such that age was not a factor in whether or not force was used in the sexual abuse of the males in this sample.

TABLE 4.4 AGE BY VICTIM'S RELATIONSHIP TO OFFENDER

	Age group		
Relationship	8 & Under	/ Over 8	Row Totals
Related	9	/ 10	19 63.3
Unrelated	4	/ 7	11 36.7
Column Totals p = .84	13 43.3	/ 17 56.7	30 100.0

The fifth chi-square test of independence was performed on the relationship between age and amount of intercourse. Table 4.5 is a two-way frequency table for these two variables. The chi-square was not statistically significant (chi-square=1.03, df=1, p=.31). The nature of the relationship was such that age was not likely to affect the amount of intercourse to which the male victims in this sample were subject.

TABLE 4.5 AGE BY AMOUNT OF INTERCOURSE

	Age Group		
Intercourse	8 & Under /	Over 8	Row Totals
no	6 /	11	17 56.7
yes	7 /	6	13 43.3
Column Totals	13 /	17	30 100.0

p = .31

The sixth chi-square test of independence was performed on the relationship between age and number of different sexual acts to which the male victims were subject. Table 4.6 is a two-way frequency table for these two variables. Condition 1 under "Count" was one sexual act and condition 2 was for more than 1 sexual act. Rationale for this division is supplied by the literature on male sexual abuse which suggest that females are more often subject only to one kind of sexual act and males to more than one type of sexual act. The chi-square was not statistically significant (chi-square=.0, df=1, p=1.0 with Yates correction). The nature of the relationship was such that age was not a factor in the number of different sexual acts being perpetrated on the male victims in this sample.

The seventh and final chi-square test of independence was performed on the relationship between age and place of abuse. Table 4.7 is a frequency table for these two

variables. The chi-square was not statistically significant (chi-square=3.25, df=3, p=.35). The nature of the relationship was such that age was not a factor in determining the place in which the sexual abuse occurred.

TABLE 4.6 AGE BY DIFFERENT SEXUAL ACTS

	Age group		
Count	8 & Under	Over 8	Row Totals
one	2	3	5 16.7
more than one	11	14	25 83.3
Column Totals p = 1.0	13 43.3	17 56.7	30 100.0

TABLE 4.7 AGE BY PLACE OF ABUSE

	Age group		
Place	8 & Under	Over 8	Row Totals
family home	5	4	9
O home	3	8	11
V home	1	1	2
other	3	1	4
Column Totals p = .35	12	14	26

Summary

This chapter presented the various data from this study. The chapter was divided into four main sections including the summary. The first section presented the means of the age of onset (8.37); age of disclosure (11.1); and age at the start of treatment (12.21).

The second section presented the frequency and/or percentages of a variety of epidemiological features that were studied. This section was divided into five subsections. The first subsection, features of the victim, revealed that the victims in this study most commonly disclosed to a professional (40%) followed by the victims'mothers (26.7%). Upon disclosure to the parents, 46.7% of victims were believed and supported. A total of 5 subjects were not believed and 1 was blamed for the abuse. Stated reasons by the victims for not disclosing were embarrassment (n=4), fear (n=2), because (he) thought his parents wouldn't understand (n=2), and because (he) forgot (n=2). A majority of victims were intrafamilial abuse victims: 7 by father, 8 by stepfather, and 4 by other relatives for a total of 19. An additional 11 subjects were extrafamilial victims: 5 by a family friend and 6 by acquaintances. A total of 8 victims had committed a sexual offence.

The second subsection, features of the offender, revealed that the vast majority of victims had only 1 offender (83.3%). A total of 9 out of 38 offenders were charged and sentenced. No offender was charged without also being sentenced.

The third subsection, family characteristics, reported that 3.27 children was the average number of children in male victims' families. Considerable change in family composition happened following disclosure. Single parent families were least common prior to disclosure (5 cases) and most common after disclosure (15 cases or 50%). Prior to disclosure, 12 victims lived in a "natural" family and 13 victims lived in a "blended" (usually a stepfather) family.

The fourth subsection included characteristics of the sexual abuse. The abuse most often took place in the offenders home (36.7%) or the family home (30%). Time of abuse was not well reported in the files. Of those files which did report, time of abuse was fairly evenly distributed over day, evening, and night. Length of abuse most often occurred for over one year (9 cases) and 6 cases had over 15 abusive incidents, the highest category. Another 6 subjects had only one abusive incident. Approximately an equal number of victims in this sample were subject to coercion, threats, and force (35%). The same victim was often subjected to all three of these

behaviors while other victims were not subject to any. Generally, male victims were not forced to commit sexual acts on their offender. Conversely, there was a high degree of fondling (80%) and masturbation of victims (53.3%) by offenders. The majority of victims (n=26) were subject to 2 or more different sexual acts. One victim was subject to 9 different acts.

The fifth subsection discussed treatment issues. Contact with a professional other than for sexual abuse and prior to counselling for sexual abuse at Group 5 was common: 16 subjects had from 1 to 4 contacts over varying periods of time. The average number of hours spent in counselling was 12.87 hours and only 3 subjects were considered to have finished counselling at the time of file closure. The most common reason for referral to counselling other than sexual abuse was anger/aggression (n=12). Behavioral problems, abuse of siblings and anxiety/distress were also often cited. Those issues most often identified or discussed in counselling were anger toward offender, aggressiveness, sexual identity problems, family dynamics, anger toward the non-offending parent, sibling rivalry, and sexual acting out. The four most frequent observed or reported affects were anxiety/fear, anger, embarrassment, and vulnerability.

The third section presented the data from seven chi-square tests of independence. The variables tested

were between age and the following variables: coercion, threat, force, relationship, presence of anal intercourse, number of sexual acts, and place of abuse. None of the findings were significant.

Chapter 5

DISCUSSION AND SUMMARY

The central focus of this study is epidemiologic features of male sexual abuse victims. The data that have been gathered will contribute to the growing knowledge that is being acquired about the sexual abuse of males. In light of the results of this study, certain assertions and findings reported in the literature can be commented upon. Secondarily, this study examines a number of hypotheses made about the relationship between the age of the male victim and various characteristics of the abusive situation. This chapter is divided into three sections: Interpretation of Findings; Further Issues and Summary.

Interpretation of Findings

The average age of onset (8.37) of the 30 subjects in this study suggests a lower average age of male victims compared to female victims as reported in the literature. The findings in this study are remarkably similar to the AHA (cited in Finkelhor,1984) (8.46 years), De Jong et al. (1982) (8.7 years) and Pierce and Pierce (1985) (8.6 years) studies. These findings contradict Finkelhor (1984) and other studies which suggest a higher average age of male victims. It must be noted that the mean age is a poor way of conveying the true distribution of the age of male

victims. Finkelhor (1986) questions the usefullness of the mean age of onset. He says that the reporting of the mean age does not show vulnerabilites at different ages. He also states that the mean is affected by an upper limit, and that it is affected by the definition of sexual abuse that is used. Of interest were the differences between the average age of onset, the average age of disclosure (11.1), and the average age of treatment start (12.2). It can be extrapolated that the abuse took place for an average of 2.4 years and that the period of time from disclosure to time of treatment start averaged 1.1 years. Unfortunately, problems with these two averages are the same as noted above and must be used cautiously.

Studies in U. S. medical settings note that the occurrence of "masked presentation" is common with male sexual abuse victims. The same conclusion is suggested in this study. The high degree of victim's contact with professionals over varying, but often lengthy, periods of time prior to sexual abuse disclosure reveals that many male victims are not identified as such. Nielsen's (1983) suggestion that male victims are often identified by behavioral indicators is confirmed by this study. The reasons for referral suggest considerable behavioral problems which lead to disclosure and counselling for sexual abuse. In some cases, professionals knew about the sexual abuse of a child with behavioral problems but did

not seek counselling for the sexual abuse because they did not connect the abuse with the acting out behavior. Anger and behavioral problems (mostly in the form of fighting at school and home) are listed as the most common reasons for referral for counselling. In addition, anger was listed as the most frequent issue discussed in counselling. Perhaps, as mentioned in the literature, professionals are not aware of the possible differences in reactions between male and female victims.

The findings for the average number of children in male victim's families was 3.27. A total of 10 subjects, 33.3% of the sample, came from families of 4 or more children. This is somewhat less than the 44% of subjects mentioned in the Pierce and Pierce (1985) study. However, similar to the Piece and Pierce study (1985) (92%) is the number of victims living with their natural mother -- a remarkably high 93.3% of victims in this sample. In contrast, only 40% of the victims in this sample lived with their natural father at the time of abuse. This figure is somewhat higher than the 24% of the sample in Pierce and Pierce (1985). The absence of a natural father for males possibly relates to increased risk of sexual abuse. However, the absence of the father is not causally related to sexual abuse because of a large number of male victims who are abused while living with their natural father.

Psychological vulnerability is one plausible explanation for the finding that a high number of boys who are abused do not live with their fathers. For example, boys without fathers may be in need of the attention of a male adult and woul-be-abusers sense this on some level. Another explanation is that boys without natural fathers are more likely to be in the presence of other males who will abuse them. This fact is probably true for inside and outside of the victim's home. If boys are given more freedom, as is suggested in the literature, they will more likely find themselves in situations of high risk of sexual abuse outside the home. Inside the home, they will be exposed to contact with mothers' boyfriends and step-fathers, neither of which have to contend with the incest taboo which may increase risk of sexual abuse for boys without natural fathers. The fact that an almost equal number of boys were living with their step-fathers at the time of the abuse seems significant. Future studies may want to look at the differences in risk of sexual abuse between boys living with fathers as compared to boys living with stepfathers.

At first sight, the finding that the majority of victims (n=19) in this study were abused by relatives seems important. Problems with this finding arise because a number of common-law boyfriends in the role of father were included in the stepfather category. Problems with

definition and classification always exist, especially between legalistic or functional definitions. Less than half of the sample would be victims of intrafamilial sexual abuse if a strictly legalistic definition were used. In addition, the agency used for data collection has seen intrafamilial victims almost exclusively for the past year. This makes the sample somewhat biased. The findings in this study were contrary to De Jong et al. (1982) which found no significant relationship between age and relationship of victim and offender. As Sgroi (1981) suggests, the similiarities between intrafamilial and extrafamilial sexual abuse may be larger than accepted at present by those working in the area. Perhaps, most interesting is that all of the victims knew their offender to some degree. Findings such as this contribute to exposing the myth that males are most often abused by the "pervert at the playground." This finding has implications for sexual abuse education and prevention programs. Children must be taught that inappropriate advances and/or touching can happen inside the home and out; by strangers and by those known to the child, including close relatives. Society as a whole must be made aware that male children are victims of sexual abuse not only by the playground pervert but more often by someone known to them.

The use of coercion, threats and force occurred respectively in 40%, 33.3%, and 36.7% of the male victims

in this sample . The latter two findings are lower than two studies reviewed in the literature (De Jong et al., 1982; Pierce & Pierce, 1985). The trend in the present sample was for threats and violence to occur together, or coercion alone, or none of the three. There seemed to be two types of abuse: nonviolent, with no threats, no violence and often no coercion; and violent abuse. Contrary to De Jong et al. (1982) this study found no significant relationship between age and the amount of coercion, threats or force. This could be explained by the high degree of intrafamilial abuse in this sample which, it is postulated, is less violent. The differences in findings may also be explained by the small sample size in the present study. Future studies may want to further examine this issue as well as the relationship between intrafamilial or extrafamilial sexual abuse and amount of coercion, threats, and force.

The finding that the majority of victims in this sample had only one offender is not surprising and is generally found in all samples of both males and females. What can be examined is the percentage who had more than one offender. In this study, 16.7% of the sample had more than one offender which is half way between the findings (20%) of Rogers and Tremaine (1982) and the findings (12%) of De Jong et al. (1982). The latter study has findings contrary to the present study in terms of place of abuse. In the

present study, 4 subjects (13.3%) compared to 75 (52.4%) in the De Jong et al. study were abused in places other than their home or the offenders home. One explanation for this difference is the fact that in the latter study a high percentage (37%) of the victims were abused by strangers. This would suggest that the abuse would more often happen away from both the victims and offenders' homes. Another explanation is the somewhat biased sample in this study. In addition, there was no significant relationship between age and place of abuse. Finally, the findings concerning time of day seem insignificant. Approximately, the same amount of abuse occurred during the day and night and slightly more during the evening. This finding seems reasonable but due to the poor reporting (only recorded on 15 files) any conclusion must be tenative.

Also not well reported in the files were the length of the abusive relationship and the number of abusive events. Those files that did report on these two features revealed rather insignificant findings. Perhaps the only surprise was that 9 subjects were abused for over one year. Many of these were abused for much longer than one year. The longest period of abuse was 10 years, a fact which is not reflected in the reported findings because of the categories that were used to code this feature. From clinical experience it is known that male victims tend to minimize, either consciously or unconsciously, the number

of times that they were abused. The reporting of the number of abusive events must be viewed with caution and is probably underreported.

Studies in the literature (Baker & Duncan, 1985) suggest that male victims of sexual abuse are subject to a wider variety of sexual acts than are female victims. There are no females in the current sample for comparison. However, it is interesting to note that 25 victims were subject to 2 or more sexual acts. Without a comparison group it is difficult to reach any conclusions. Of note is the high incidence of anal intercourse (n=13). De Jong et al. (1982) suggest that this feature is related to age: younger victims are exposed to anal intercourse less than older victims. The present study found no significant relationshiap between these two variables. In fact, of the 13 victims who were subject to anal intercourse, 7 were age seven or younger and 4 of these were age four or younger. The connection between number of different types of sexual acts and relationship of victims and offender needs to be examined in future studies as does type of sexual acts and relationship.

The fact that 8 subjects had also offended is a finding that relates to the cycle of abuse theory, i.e., those that are abused as children tend to abuse as adults. This theory is a relativley popular explanation for the cause of both female and male sexual abuse even if there is little

empirical support for it. Those who insist on the cycle of abuse theory as a general statement about boys who are sexually abused may be perpetuating the myth that males cannot just be victims. The result of this myth -- that boys cannot be victimized -- is that many boys who are sexually abused will not come to the attention of professionals and others or not believed when they do disclose. In addition, this myth may foster treatment of abused boys which focuses on their potential to offend rather than their victimization and pain. What is interesting is the fact that the majority of the victims who had offended in this sample were only victims in the sense that they were subject to exhibitionism, usually witnessing a female being abused, and were subject to physical abuse. These two facts may account for their subsequent sexual offences and may differentiate them from the male victims who do not offend. In the majority of cases however, male childhood victims appear not to become abusers as adults. It is clear that there is no direct causal link between being abused as a child and then abusing as an adult, although the two appear to be related in some cases.

It must be noted that the use of the word "offend" in relation to the 8 subjects above is used loosely. Four of the subjects were too young to be charged for their sexual acting out. However, their behavior could not be

considered normal childhood sexual curiosity due to the extent and nature of their "offence" and the fact that they were victimized prior. It is interesting to note that all four came to disclose their own abuse only after being discovered abusing another person. Due to their young age, it remains to be seen whether or not they will re-offend in adolescence and adulthood. The other four subjects were, as a group, older. Two of them had been charged for their offence, 1 was investigated without being charged, and it is uncertain what happened in the case of the 4th subject. The only commonalities in features amongst the 8 subjects are the two mentioned above -- witnessing sexual abuse and being subject to physical abuse.

The importance of the reaction of the non-offending parent(s) to the victim's adjustment is discussed in the literature. In the present study it was found that less than half of the parent(s) (46.7%) supported the male victim. In many cases the parent(s) consisted of just the mother because the offender was either the father, stepfather or boy friend. It should be noted that this feature was a record of the parent(s) reaction at or near the time of disclosure. Many mothers overcame their shock and displayed behavior that was both protective and supportive. In other cases one or both parents continued to be unsupportive, if not injurious to the victim. Some of the non-offending parents were injurious because of the

blame they attributed, and non-support they gave, to the victims. Perhaps, this non-support is one reason for the low average for the number of hours that the male victims in this sample spent in counselling.

The average of 12.87 hours spent in counselling for sexual abuse at Group 5 is below the average 16 hours and 39 hours in the Pierce and Pierce (1985) Forseth and Brown (1981) studies respectively. Although only 3 subjects in this study were deemed to have completed counselling, another 12 were still undergoing counselling. The average number of hours in counselling is probably artificially low because 5 subjects were referred to other counselling agencies. This would mean their counselling would continue and their total number of hours of counselling for sexual abuse would be somewhat higher. In general, the older the file the shorter the time spent in counselling. This fact may reflect the the growing knowledge in the area of sexual abuse in general and more specifically regarding male victims. This knowledge presumably translates into better programs and trained personnel which in turn translates into more effective services to the client. Another possible reason for the low number of hours spent in counselling and the high drop out rate is the extreme defensiveness of male victims as noted in the literature. This assertion is supported by the relatively high

frequency of defensiveness on this study's list of recorded or observed affect .

One finding that was surprising was the reason stated for not disclosing. The most popular reasons particular to male victims that are cited in the literature, for example, fear of being thought homosexual and fear of being called a sissy, are not often mentioned in this sample. The findings may be misleading because this feature was not well recorded in the casenotes. Interestingly, sexual identity problems did score high (third behind anger/aggression and behavioral problem) on the list of issues identified or discussed in therapy. This seems to suggest that homosexuality is a concern in therapy even if it may not be a reason for not disclosing. This fact is well supported by the literature, especially Finkelhor's work (1984), and by clinical experience.

Another surprising finding was the large change in type of family from before disclosure to after disclosure. Prior to disclosure, single parent families were the least common of the three types of families that were categorized in this study (16.7%). After disclosure, 50% of the families were single parent families. This finding has implications for treatment. One of the implications is that it is probable that many members of the victim's family may be in need of treatment due to the disruption in their major form of support and nurturance. Another

implication is that the male victim may be blamed for breaking up the family or may feel guilty for the same reason. With the loss of what is often the significant male in the home, the male victim may attempt to fill the father role. This often causes problems with siblings who may feel they are being ordered around by someone who does not have the authority to do so. It also places responsibilities and pressures on the male victim that may be inappropriate for his age and development. Finally, the male victim is often quite angry with the non-offending parent, in this case usually the mother. Anger toward the non-offending parent was the fifth most frequent issue identified or discussed in therapy as recorded in this study. The anger is a result of feeling not protected by the mother and/or for what he sees as her foolishness in having a relationship with someone who is abusive. Clinicians need to be aware of all of these dynamics and be open to dealing with them with the victim and with other family members.

Further Issues

Loss of a significant male may be one argument for having a male therapist, especially for boys over the age of 8. Boys in latency and adolescence usually feel more comfortable talking about sexual matters to members of the same sex and the same is probably truer regarding sexual

abuse. Given that the boy has most likely been abused by a male, it can be expected that trust may be somewhat more difficut to establish than in other counselling situations. However, the long term benefits are believed to be worth the patience and longer time period that is often required to gain the trust. The male therapist can model behaviors and form relationships with male victims that are non-abusive. The male therapist can provide alternative way of behaving for male victims other than the stereotypical and harmful ways of behaving that the victims has often been exposed to by the offender. From a developmental perspective, given that boys are closer to the female significant other while under age 6, it is conceivable that sexually abused boys in this age group may benefit more by a female therapist. This entire issue is one in need of more research.

The themes of anger and aggression are most common in the feature entitled issues that were discussed or identified in therapy. Three of the top five categories included this theme. This finding is particularly fascinating when compared with the reported or observed affect. The latter is a recording of the therapists' observation of the clients' emotional state. On the reported or observed affect list the most common listings are not emotions reflective of anger or aggression but those indicating hurt and victimization. Anxiety/fear,

embarrassment, vulnerability and sadness are the top four out of five emotional states recorded by the therapists. These two findings, together with the most common reasons for referral, which are anger/aggression and behavioral problem, would suggest the following: many male victims react quite differently than do female victims. Outwardly, males present as angry and aggressive. They are known for misbehaving and fighting both at home and school. Their sadness and sometimes depression is not recognized for what it is by parents and professionals. Inwardly, they tend to be sensitive but over-react to difficult situations by adopting extreme and stereotypical male roles -- fighter and defender. This role is often reinforced, at least in their eyes, by their position in what is often a female-headed single parent family. There are many implications of the assertion that male victims of sexual abuse react differently than do female victims.

One important implication is that parents and professionals must be educated regarding the behavioral manifestations specific to male sexual abuse victims and how depression manifests in children and adolescents. Questions about sexual abuse should become routine for all male clients in any type of history taking by counsellors, social workers, and health care professionals. Counsellors doing therapy with male victims should not get preoccupied with overt aggressive behaviors or anger as the prime topic

of therapy. Careful and sensitive attention to underlying emotions is crucial. Generally, these emotions will be well masked due to the fact that they are associated with being weak from the victims frame of reference. Trust can be gained by taking generous time to join with the client. This is often necessary with male victims who are exemplified by their high degree of defensiveness even at a young age. Talking about male sex role stereotypes and linking anger and aggression to the sexual abuse is useful. It is often the beginning of self knowledge for the male child. He starts to understand the reasons behind his angry and aggressive behavior and can start to choose alternative ways of behaving. Acceptance by the therapist of what is most often regarded as bad behavior facilitates a basis on which the boy will feel free enough to examine the wounded and vulnerable side to his personality that is caused by the sexual abuse.

Summary

This section is a summary of the last chapter. It was found that there was a low average age at onset of sexual abuse for the male victims in this sample. The occurrence of "masked presentation" was suggested by the large number of professionals involved with the male victims prior to disclosure. Average family size for the victims in this sample was lower than reported in the literature. Few

males lived with their natural father at the time of the abuse and interestingly, all victims knew their offender to some degree. Two patterns of abuse seemed to occur: nonviolent and violent abuse. There were insignificant findings concerning number of offenders, place, and time of abuse. The number of abusive incidents and the length of the abusive relationship were not well recorded in the files that were examined. There is some reason to believe that there is a higher occurrence for both of these features. The majority of male victims were subject to two or more different types of sexual acts. There was a high degree of anal intercourse, especially in younger males. The cycle of abuse theory was briefly questioned and discussed. Non-support of the victims by parents was suggested as one reason for the low average of the number of hours the males in this sample spent in counselling for sexual abuse. Defensiveness on the part of the victims was another reason suggested. Common reasons for not disclosing that are given by male victims as reported in the literature were not frequent in this study's sample. Implications of the change in family type to single parent families in a large number of cases were examined. Reasons for having a male therapist, especially for boys over the age of 8 were briefly noted. The most frequent issues discussed in therapy were sexual identity problems and anger. Differences between the victim's angry presentation and inner feelings of depression and vulnerability were

noted along with ways in which counsellors can effectively deal with this. It was reported that no significant relationship was found between the variable of age and: coercion, threats, force, relationship of victim to offender, number of different sexual acts, intercourse, and place of abuse.

Suggestions for further research and implications for practice were suggested throughout the last chapter. It was noted that more research needs to be done concerning the high number of male victims who do not live with their natural father. The connection between relationship and various other variables such as place of abuse and amount of threats needs more study. The public and professionals need to be made more aware of differences between male and female reactions to sexual abuse. Education about the real dangers for male victims is also necessary. Finally, getting parents more involved and working slowly and sensitively with male victims may encourage them to remain in counselling for longer periods of time so as to facilitate the healing process.

REFERENCES

Awad, G. A. (1976). Single case study: Father-son incest--a case report. Journal of Nervous and Mental Disease, 162, February,135-139.

Baker, A. W., & Duncan, S. P. (1985). Child sexual abuse: A study of prevalence in Great Britain. Child Abuse and Negelct, 9, 457-467.

Badgley, R,. Allard, H., McCormick, N., Proudfoot, P., Fortin, D., Ogilvie, D., Rae-Grant, Q., Gelinas, P., Pepin, L., & Sutherland, S. [Committee on Sexual Offences Against Children and Youth] (1984). Sexual offences against children (Vol. 1). Ottawa: Canadian Government Publishing Centre.

Bancroft, J. (1980). Psychophysiology of sexual dysfunction. In Handbook of Biological Psychiatry. New York: Marcel Dekker, 359-392.

Bender, L., & Blau, A. (1937). The reaction of children to sexual relations with adults. American Journal of Orthopsychiatry, 7, 500-518.

Berry, G. W. (1975). Incest: Some clinical variations on a classical theme. Journal of the American Academy of Psychoanalysis, 3, April, 151-161.

Cantwell, H. B. (1981). Sexual abuse of children in Denver, 1979: Reviewed with implications for pediatric intervention and possible prevention. Child Abuse and Neglect, 5, 75-85.

Carmen, E. H., Reiker, P. P., & Mills, T. (1984). Victims of violence and psychiatric illness. American Journal of Psychiatry, 141 (3), 378-383.

Cooper, B., & Morgan, H. G. (1973). Epidemiological psychiatry. Springfield, Ill.: Charles C. Thomas Publisher.

Cotton, D. J. (1980). The male victim of sexual assault: Patterns of occurrence, trauma reactions and adaptive responses (Doctoral Dissertation, Wright Institute Graduate School of Social-Clinical Psychology, 1980). Dissertation Abstracts International, 41, Den 81 - 04795.

DeFrancis, V. (1971). Protecting the child victim of sex crimes committed by adults. Federal Probation, 30, June, 3-10.

De Jong, A. R., Emmett, G. A., Hervada, A. A. (1982). Epidemologic factors in sexual abuse of boys. American Journal of Diseases of Children, 136, 990-993.

Ellerstein, N. S., & Canavan, J. W. (1980). Sexual abuse of boys. American Journal of Diseases of Children, 134, 255-257.

Finkelhor, D. (1979). Sexually victimized children. New York: Free Press.

Finkelhor, D. (1984). Child sexual abuse new theory and research. New York: Free Press.

Finkelhor, D. (1986). A sourcebook on child sexual abuse. London: Sage Publications.

Forseth, L., & Brown, A. (1981). A survey of intrafamilial sexual abuse treatment centres: Implications for intervention. Child Abuse and Neglect, 5, 177-186.

Friedman, G. D. (1974). Primer of epidemiology. New York: McGraw-Hill Book Company.

Geiser, R. L. (1979). Hidden victims: The sexual abuse of children. Boston: Beacon Press.

Giarretto, H. (1976). Humanistic treatment of father-daughter incest. In R. E. Helfer & C. H. Kempe (Eds.), Child abuse and neglect: The family and the community. Cambridge, MA: Ballinger Publishing Company.

Groth, N. (1979). Men who rape. New York: Plenum Press.

Groth, A. N., & Burgess, A. W. (1980). Male rape: Offenders and victims. American Journal of Psychiatry, 137(7), 806-810.

Heiman, J. R., and Rowland, D. L. (1980). Affective and physiological patterns of sexual response, an experiential study of functional and dysfunctional males. Paper presented at the annual meeting of the International Academy of Sex Research.

Howells, K. (1980). Social Reactions to Sexual Deviance. In D. J. West (Ed.), Sex offenders in the criminal justic system: Papers presented to the 12th Cropwood Round-Table Conference, December, 1979. (Cropwood Conference Series No. 12). Cambridge, UK: University of Cambridge Institute of Criminology.

Hunter, R. S., Kistrom, N., & Loda, F. (1985). Sexually abused children: identifying masked presentations in a medical setting. Child Abuse and Neglect, 9(1), 17-25.

Jaccard, J., (1983). Statistics for the behavioral sciences. New York: Holt, Rinehart & Winston.

James, B., & Nasjleti, M. (1983). Treating sexually abused children and their families. Palo Alto: Consulting Psychologists Press, Inc. .

Johnson, R. L., & Shrier, D. K. (1985). Sexual victimization of boys. Journal of Adolescent Health Care, 6, 372-376.

Justice, B., & Justice, R. (1979). The broken taboo: Sex in the family. New York: Human Sciences Press.

Kaslow, F., Haupt, D., Arce, A. A., & Werblowsky, J. (1981). Homosexual incest. Psychiatric Quarterly, 53(3), 184-193.

Kaufman, A. (1984). Rape of men in the community. In I. R. Stuart, & J. G. Greer.(Eds.), Victims of sexual aggression: Treatment of children, women and men. (pp 156-179). New York: Van Nostrand Reinhold Company.

Kercher, G. A., & McShane, M. (1984). The prevalence of child sexual abuse victimization in an adult sample of Texas residents. Child Abuse & Neglect, 8, 495-501.

Landis, J. (1956). Experiences of 500 children with adult sexual deviants. Psychiatric Quarterly Supplement, 30, 91-109.

Langsley, D., Schwartz, M., & Fairbairn, R. (1968). Father son incest. Comprehensive Psychiatry, 9, 218-226.

Laws, D. R., and Rubin, H. B. (1969). Instructional control of an autonomic sexual response. Journal of Applied Behavioral Analysis, 2, 93-99.

Long, A. F. (1984). Research into health and illness Issues in design, analysis and practice. Brookfield, VT: Gower Publishing Company.

Luther, S. L., & Price, J. H. (1980). Child sexual abuse: A review. The Journal of School Health, 50, 161-165.

Medical Post, May 27, 1986.

Medlicott, R. W. (1967). Parent-child incest. Australian and New Zealand Journal of Psychiatry, 1, 180-187.

Meiselman, K. C. (1979). Incest a psychological study of causes and effects with treatment recommendations. San Francisco: Jossey-Bass Publishers.

Mian, M., Wehrspann, W., Klajner-Diamond, H., LeBaron, D., & Winder, C., (1986). Review of 125 children 6 years of age and under who were sexually abused. Child Abuse and Neglect, 10, 223-229.

Nasjleti, M., (1980). Suffering in silence: The male incest victim. Child Welfare, LIX(5), 269-275.

Nielsen, T. (1983). Sexual abuse of boys: Current perspectives. Personnel and Guidance Journal, 62, 139-142.

Pierce, R., & Pierce, L. H. (1985). The sexually abused child: A comparison of male and female victims. Child Abuse and Neglect, 9, 191-199.

Queen's Bench Foundation. (1976). Sexual abuse of children. San Francisco, CA: Queen's Bench Foundation.

Raybin, J. B. (1969). Homosexual incest: Report of a case of homosexual incest involving three generations of a family. Journal of Nervous and Mental Disease, 148, February, 105-110.

Renvoize, J. (1982). Incest: a family pattern. London: Routledge & Kegan Paul.

Rhinehart, J. W. (1961). Genesis of overt incest. Comprehensive Psychiatry, 2, 338-349.

Rogers, C. M., & Tremaine, T. (1984). Clinical intervention with boy victims of sexual abuse. In I. R. Stuart & J. G. Greer (Eds.), Victims of sexual aggression: Treatment of children, women and men (pp. 91-104). New York: Van Nostrand Reinhold.

Rosenfeld, A., Krieger, M. J., Nadelson, C., & Backman, J. (1976). The sexual abuse of children -- A brief survey. Psychiatric Opinion, 13, April, 6-12.

Rush, F. (1980). The best kept secret. New York: Prentice-Hall.

Sandfort, T. (1984). Sex in pedophiliac relationships: an empirical investigation among a non-representative group of boys. Journal of Sex Research, 20(2), 123-142.

Sarrel, P. M., & Masters, W. H. (1982). Sexual molestation of men by women. Archives of Sexual Behavior, 11(2), 117-131.

Schultz, L. (Ed.). (1980). The sexual victimology of youth. Springfield, IL: Charles C. Thomas.

Sgroi, S. M. (1975). Sexual molestation of children: The last frontier in child abuse. Children Today, 44, 19-21.

Sgroi, S. M. (1982). Introduction: The state of the art in child-sexual abuse intervention. In S. M. Sgroi (Ed.), Handbook of clinical intervention in child sexual abuse (pp. 1-8). Lexington, MA: D. C. Heath and Company.

Sgroi, S.M., Blick, L. C., & Porter, F. S. (1982). A conceptual framework for child sexual abuse. In S. M. Sgroi (Ed.), Handbook of clinical intervention in child sexual abuse (pp. 9-38). Lexington, MA: D. C. Heath and Company.

Shrum, R. A., & Halgin R. P. (1984). Gender differences in definitions of the sexual victimization of children. Paper presented at: National Family Violence Researchers Conference, University of New Hampshire, Durham, New Hampshire, August 7-10.

SPSS Inc. (1983). SPSSx-User's Guide. New York: McGraw-Hill.

Sweet, L. (1984, November 10). Male victims of sexual assaults look for help. Toronto Star, p. 100.

Swift, C. (1978). Sexual exploitation of children in the United States. Prepared statement given January 11, 1978. Hearing on research into behavior: overview and sexual assaults. (No. 64, Hearing Subcommittee on Domestic and International Scientific Planning Analysis and Cooperation of the Committee on Science and Technology, U.S. House of Representatives). Washington, D. C.: U. S. Government Printing Office, 323-350.

Summit, R. C. (1983). The child sexual abuse accommodation syndrome. Child Abuse and Neglect, 7, 177-193.

Tilelli, J. A., Turek, D., & Jaffe, A. C. (1980). Sexual abuse of children: Clinical findings and implications for management. New England Journal of Medicine, 302, 319-323.

Waterman, C. K., & Foss-Goodman, D. (1984). Child molesting: Variables relating to attribution of fault to victims, offenders and nonparticipating parents. Journal of Sex Research, 20(4), 320-349.

Zuckerman, M. (1972). Physiological measurements of sexual arousal in the human. In Handbook of Psychophysiology. New York: Holt, Rinehart & Winston.

APPENDIX 1: CODING SHEET

VICTIM(V)

I.D NUMBER _____

AGE ONSET OF ABUSE:(year/tenths of year) _____

AGE AT DISCLOSURE: _____

AGE AT TREATMENT: _____

DISCLOSED TO:

1. mom
2. parents
3. professional
4. other
5. not reported

_____

REACTION OF PARENTS:

1. believed child/supported
2. believed child/didn't support
3. did not believe child
4. blamed child
5. not reported

_____

OFFENDER(O)

RELATIONSHIP TO VICTIM:

1. father
2. step-father
3. other relative
4. family friend
5. acquaintance
6. other

_____

NUMNBER OF OFFENDER(S); _____

O CHARGED: 0 = NO 1 = YES _____

O SENTENCED: 0 = NO 1 =YES _____

FAMILY CHARACTERISTICS

NUMBER OF CHILDREN: _____

FAMILY TYPE:

1. natural
2. single parent
3. blended

_____

SES:

1. Low
2. Middle
3. High

_____

CHARACTERISTICS OF THE SEXUAL ABUSE

PLACE OF ABUSE:

1. family home
2. O home
3. V home
4. outside
5. other
6. not reported

_____

TIME OF ABUSE:

1. evening
2. night
3. day
4. other
5. not reported

_____

LENGTH OF ABUSIVE RELATIONSHIP:

0. not reported
1. once
2. less than one month
3. one to six months
4. six months to one year
5. over one year

_____

NUMBER OF ABUSIVE INCIDENTS:

1. one
2. two to five
3. six to ten
4. eleven to fifteen
5. over fifteen
6. not reported

_____

USE OF VIOLENCE: 0 = NO 1 = YES _____ Specify _____

USE OF THREATS: 0 = NO 1 = YES _____ _____

USE OF COERCION: 0 = NO 1 = YES _____ _____

PRESENCE OF: (0 = NO 1 = YES)

EXHIBITIONISM	_____	_____
FONDLING BY O	_____	_____
FONDLING OF O	_____	_____
ORALGENITAL BY O	_____	
ORALGENITAL OF O	_____	
MASTURBATION BY O	_____	
MASTURBATION OF O	_____	
INTERCOURSE BY O	_____	
INTERCOURSE OF O	_____	

TREATMENT ISSUES

NO. OF PROFESSIONALS CONTACTED PRIOR TO TREATMENT: _____

NUMBER OF HOURS IN THERAPY: _____

THERAPY FINISHED AT TIME OF CASE CLOSURE: 0=NO/1=YES _____

HAS VICTIM ALSO OFFENDED: 0=NO/1=YES _____

REASON FOR REFERRAL OTHER THAN SEXUAL ABUSE: 0=NO/1=YES

anger/aggression	_____
anxiety/distress	_____
behavioral problem	_____
depression	_____
running away	_____
delayed development	_____
personality abnormalities	_____
interpersonal relationship problems	_____
sexual acting out	_____
sex-related offences	_____
sexual identity problems	_____
suicidal ideation	_____
sibling abuse	_____
other Specify	_____
	_____
	_____

ISSUES IDENTIFIED/DISCUSSED IN THERAPY: 0=NO/1=YES

sexual identity	_____
suicidal ideation	_____
aggressiveness	_____
anger toward offender	_____
anger toward non offending parent	_____

(Issues Identified... continued)

sexual acting out _____
low self esteem _____
drug abuse _____
sibling rivalry _____
family dynamics _____
running away _____
other Specify _____
_____
_____

REPORTED/OBSERVED AFFECT: 0=NO/1=YES

anxiety/fear _____
resentment _____
guilt _____
sadness _____
depression _____
powerlessness _____
hopelessness _____
anger _____
rage _____
hope _____
isolation _____
shame _____
embarrassment _____
vulnerability _____
feelings of responsibility for s.a. _____
other Specify _____
_____
_____